



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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| Requestor's Name and Address: MEDICAL IMAGING OF PLANO 2109 WEST PARKER ROAD SUITE 720 PLANO TX 75023 | MFDR Tracking #: M4-05-7926-01 |
| | DWC Claim #: |
| | Injured Employee: |
| Respondent Name and Box #: TWIN CITY FIRE INSURANCE CO BOX # 47 | Date of Injury: |
| | Employer Name: |
| | Insurance Carrier #: |

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Rationale for Increased Reimbursement: "per 2003 and 2001 advisories."

Principal Documentation:

1. DWC060
2. Medical Bill(s)
3. EOB(s)
4. Medical Reports
5. Total Amount Sought \$385.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

PART IV: SUMMARY OF FINDINGS

| Date(s) of Service | Denial Code(s) | Disputed Service | Amount in Dispute | Amount Due |
|--------------------|----------------|---------------------|-------------------|------------|
| 4/27/2005 | F | 99499, A4646, A4550 | \$385.00 | \$0.00 |
| Total Due: | | | | \$0.00 |

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. These services were denied by the Respondent with reason code "F-Reimbursement is being withheld as the procedure code is not recognized according to the 2003 Workers' Compensation Commission fee schedule. Please rebill using the current year CPT-4 procedure code," "F-Reimbursement is being withheld as this procedure is considered integral to the primary procedure billed," and "F-The procedure code submitted is not the proper code for this service. Please resubmit with the proper code."
2. The Division has determined that good cause exists to dismiss this request based on: the Requestor no longer operates an active practice at the above address. The Division was unable to contact the Requestor via telephone attempts; the listed phone number(s) have been disconnected. The health care provider has not provided a current, correct address or contact information in accordance with 28 Tx. Admin. Code section 102.4 (d) and/or 102.5.

3. For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code §408.021, §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code §133.305, §133.307, §102.4, §102.5

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

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| | | 7/9/2010 |
| Authorized Signature | Medical Fee Dispute Resolution Officer | Date |

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.